

3 July 2013



**Reconfiguration of Emergency Medical
and Critical Care services at North Tees
and Hartlepool NHS Foundation Trust**

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

- 1 This report details proposals by Hartlepool and Stockton on Tees Clinical Commissioning Group, Durham Dales and Easington and Sedgefield Clinical Commissioning Group and North Tees to consult upon the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.
- 2 The report also details proposals to establish a Joint Health Scrutiny Committee under the provisions of the Health and Social Care Act 2012 involving all local authorities affected by the proposals and invites the Adults Wellbeing and Health Overview and scrutiny Committee to appoint a representative(s) to the Joint Committee.

Background

- 3 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee have received regular updates from North Tees and Hartlepool NHS Foundation Trust regarding the progress of their "Momentum : Pathways to Healthcare/Service Transformation programme", most recently at its meeting held on 26 January 2013.
- 4 Members will recall that central to the Momentum project is the building of a new hospital at Wynyard to replace the University Hospital of Hartlepool and the University Hospital of North Tees. The government at the time offered public funding for the new hospital in March 2010. However the new government withdrew this funding in June 2010.
- 5 The government said it realised there was a need to build the new hospital but the organisations who buy services on behalf of local people and the trust needed to find a different way to pay for it. This meant that, instead of the new hospital being open in 2014 as planned, it is now expected to open in 2017.
- 6 Doctors providing emergency medical and critical care at North Tees and Hartlepool NHS Foundation Trust have told the commissioners that, whilst they could have made arrangements to keep the two hospitals' emergency medical wards and critical care open until 2014, they cannot do this up to 2017.
- 7 In view of these concerns, the CCGs invited the National Clinical Advisory Team to visit North Tees and Hartlepool NHS Foundation Trust to listen to the

doctors, nurses and managers, patient representatives, politicians and other stakeholders so they could give us an independent view of the situation and what we should do about it.

- 8 The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. The team was lead by Dr Chris Clough from Kings College Hospital, London.
- 9 The National Clinical Advisory Team report was received in May 2013 and a copy is attached to this report (Appendix 2).
- 10 The report said that Commissioners should:
 - work with the trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible;
 - explain to the public what this means for them;
 - ask their views about the things that they are concerned about, especially how they and their relatives get to hospital.

Hartlepool and Stockton on Tees Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group – Consultation on “Providing safe and high quality care leading up to the opening of the new hospital”

- 11 As a result of the findings of the NCAT report, a public consultation was launched on 20 May 2013 by Hartlepool and Stockton on Tees Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group upon the proposed reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.
- 12 A copy of the consultation document is attached to this report (Appendix 3).
- 13 The consultation document states that “after much discussion with health professionals, a review of alternative options and receiving the report from the independent National Clinical Advisory Team, which agreed that there are no viable safe alternatives, we are now proposing to centralise emergency medical and critical care services at the University Hospital of North Tees from October 2013.
- 14 Bringing these services together would affect some other services such as other parts of the medical directorate, pathology, radiology, pharmacy and other support services such as facilities and catering. It would mean that patients with lots of medical problems will not be able to have planned operations like hip replacements at the University Hospital of Hartlepool.
- 15 We do not expect this would affect very many patients because modern anaesthetics are safer. We want to ensure that most health care in Hartlepool continues to take place locally so we will be looking at ways to provide more

low-risk operations and other treatments in the University Hospital of Hartlepool for local people.

- 16 However we always have to assess if this will be safe and it will be for that reason and that reason alone, that we would transfer high risk planned operations to the University Hospital of North Tees.”
- 17 The consultation proposes that leading up to the proposed changes commissioners and the trust would:-
- open 120 beds at the University Hospital of North Tees to make sure we have enough beds and staff to look after patients from right across our area;
 - make extra space in critical care so we can look after critically ill patients;
 - then, gradually, close the beds in medicine and critical care at the University Hospital of Hartlepool, and
 - transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates that need to come to the University Hospital of North Tees to support the new arrangements.
- 18 The consultation aims to get the views on these proposals and to understand concerns about the proposed changes. In attempting to do so it asks the following questions
1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
 2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
 3. What do you think are the main things we need to consider in putting the proposed changes in place?
 4. Is there anything else you think we need to think about?
- 19 The consultation runs from 20 May to 11 August 2013 and a copy of the proposed consultation plan is also attached. (Appendix 4)

Provisions for Consultation and Engagement of Overview and Scrutiny Committees

- 20 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.

- 21 A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not “substantial” for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.
- 22 Only the joint scrutiny committee may require the organisation proposing the change to provide information to them, or attend before them to answer questions. That organisation is under a duty to comply with these requirements. If a local authority has opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change. Failure by an NHS body or relevant health service provider to provide information requested by a local authority who is not participating in the joint scrutiny process and who is therefore not entitled that that information does not constitute a failure to consult that authority and is therefore not a valid reason for a referral to be made to Secretary of State.
- 23 They may not participate further in the joint scrutiny arrangements, unless changes occur during the development of proposals that make the impact substantial for residents in the local authority’s area. The local authority, in these cases, should not expect to revisit any matters that the joint committee has already considered.
- 24 In scrutinising the proposals, the joint committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal. The provisions of co-option set out above apply, enabling the involvement of district councils in the scrutiny process.
- 25 Only the joint scrutiny arrangement can then make a report and recommendations back to the organisation proposing the change. The power to refer to Secretary of State should only be exercised once the NHS body or relevant health service provider proposing the service change has responded to the comments of the joint scrutiny committee and all forms of local resolution have been exhausted. However, it can be exercised by any of local authorities originally consulted or by the joint arrangement where the power to refer has been delegated to it.

Proposals for a joint Health Scrutiny Committee

- 26 The establishment of joint Health Scrutiny Committee has been proposed consisting of representatives Hartlepool Borough Council, Stockton-upon-Tees Borough Council and Durham County Council comprising equal representation from each Council.
- 27 In accordance with the regulations detailed above, the Joint Committee will be the vehicle through which the respective Local Authorities will respond to the consultation.

- 28 Accordingly, it will be for the Council's Adults Wellbeing and Health Overview and Scrutiny Committee to provide information and representations in respect of the consultation as it impacts upon the residents of County Durham to its nominated representatives.
- 29 A protocol and Terms of Reference have been drafted for the proposed Joint Health Scrutiny Committee. A copy of these documents are attached to this report (appendices 5 and 6).
- 30 The protocol proposes the nomination of three representatives from each constituent authority and, having taken advice from the Monitoring Officer, this representation from Durham County Council should be politically balanced and as such 2 Labour representatives and 1 from the Durham Independents Group will be required.
- 31 Notwithstanding the appointment of a joint Health Scrutiny Committee to oversee the production of a response to the Consultation, it is proposed that a special meeting of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee be held on 23 July 2013, to receive evidence from representatives of the Commissioners (Hartlepool and Stockton CCG and Durham Dales, Easington and Sedgefield CCG) and North Tees and Hartlepool NHS Foundation Trust in respect of proposals and also to enable members of the Committee to identify their concerns to be fed into the Joint Committees final consultation response.

Recommendations and reasons

- 32 The Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:
- (a) note the proposed consultation by Hartlepool and Stockton on Tees Clinical Commissioning Group, Durham Dales and Easington and Sedgefield Clinical Commissioning Group and North Tees to upon the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust;
 - (b) consider those questions raised within the consultation document and detailed in paragraph 18 of this report in light of the proposed reconfiguration and provide comment to the proposed Joint Health Scrutiny Committee;
 - (c) Agree the proposed protocol and Terms of Reference for the Joint Health Scrutiny Committee detailed within this report;
 - (d) Appoint 3 representatives from the Adults Wellbeing and Health Overview and Scrutiny Committee to sit on the aforementioned joint Health Scrutiny Committee;
 - (e) Note the proposed arrangements for a special meeting of the Adults Wellbeing and Health Overview and Scrutiny Committee on 23rd July 2013.
 - (f) agree that any representations and key issues which Councillors wish to be raised as part of the Consultation exercise be directed through

this Committee's nominated representatives to the Joint Health Scrutiny Committee referred to in (b) above.

Background papers

As appended to the report

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Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – This report details the Council's statutory responsibilities in participating in the consultation.

Procurement - None

Disability Issues - None

Legal Implications – This report has been produced in response to the Council's statutory responsibilities to engage in health scrutiny consultations as detailed in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013